

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3	1					
4		1				
5		2				
6		2				
7		2				
8		2				
9		2				
10		2				
11		2				
12		2				
13		2				
14		2				
15	1					
16	1					
17		2				
18		2				
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29	1					
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49						
50						
TOTAL IND.	6					
TOTAL DEP.	60					
TOTAL CLAIMS	66					

51						
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

16  
24  
20